

**STATE BOARD OF HEALTH**  
Oklahoma State Department of Health  
1000 NE 10 Street, Room 1102  
Oklahoma City, OK 73117

Tuesday, July 14, 2015 10:00 a.m.

Martha Burger, Vice President of the Oklahoma State Board of Health, called the 401<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, July 14, 2015 at 10:10 a.m. The final agenda was posted at 10:00 a.m. on the OSDH website on July 13, 2015, and at 10:00 a.m. at the building entrance on June 13, 2015.

**ROLL CALL**

**Members in Attendance:** Martha Burger, M.B.A., Vice-President; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Timothy E. Starkey, M.B.A.;

**Absent:** Terry Gerard, D.O.; Robert S Steward, M.D.; Cris Hart-Wolfe, Secretary-Treasurer; Ronald Woodson, M.D., President

**Central Staff Present:** Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Jr., Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Stephen W. Ronck, Deputy Commissioner, Community & Family Health Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Matt Terry, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan, Maria Souther, Diane Hanley, Mark Nichols, Fiscal Policy Analyst; Terri White, Commissioner of Mental Health and Substance Abuse Services.

**Visitors in attendance:** (see sign in sheet)

**Call to Order and Opening Remarks**

Martha Burger called the meeting to order. She welcomed special guests in attendance.

**REVIEW OF MINUTES**

Martha Burger directed attention to review of the minutes of the Regular Board meeting.

**Mr. Starkey moved Board approval of the minutes of the June 9, 2015, regular Board meeting, as presented. Second Ms. Wolfe. Motion carried.**

**AYE: Grim, Krishna, Starkey**

**ABSTAIN: Alexopoulos, Burger**

**ABSENT: Gerard, Stewart, Wolfe, Woodson**

Martha Burger welcomed special guests in attendance, and introduced Commissioner Terri White, guest speaker.

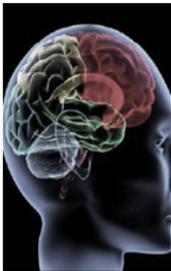
**Oklahoma's Behavioral Health Care System: ODMHSAS**

Terri L. White, M.S.W., Department of Mental Health and Substance Abuse

1  
2  
3

# Oklahoma's Behavioral Health Care System: ODMHSAS

Presented by  
Terri White, MSW  
Commissioner  
Oklahoma Department of Mental Health and Substance Abuse Services



## Mental Health Matters

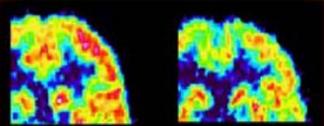
### Mental Illness and Addiction: Diseases of the Brain

Both mental illness and addiction are real medical conditions, just like diabetes, cancer and heart disease.

4  
5  
6

## Mental Health Matters

### Mental Illness: A Disease of the Brain

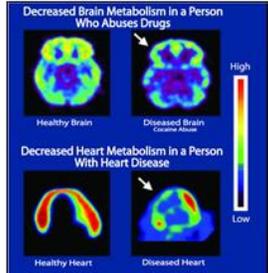


The brain scan on the left reflects normal activity; the scan on the right shows a person affected with schizophrenia.

Source: PBS.org

## Mental Health Matters

### Addiction: A Disease of the Brain



Decreased Brain Metabolism in a Person Who Abuses Drugs

Healthy Brain vs. Diseased Brain (Cocaine Abuse)

Decreased Heart Metabolism in a Person With Heart Disease

Healthy Heart vs. Diseased Heart

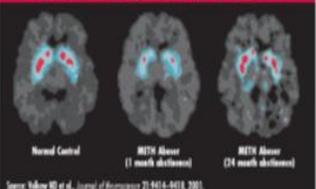
High to Low

7  
8  
9

## Mental Health Matters

### Addiction: A Disease of the Brain

#### Recovery of Brain Dopamine Transporters in Chronic Methamphetamine (METH) Abusers



Normal Control vs. METH Abuser (1 month abstinence) vs. METH Abuser (24 month abstinence)

Source: Taylor RW et al., Journal of Neuroscience 23:9014-9022, 2003.

## Behavioral Health in Oklahoma

### Oklahoma Among the Highest Rates Nationally for Mental Illness and Substance Abuse Disorders

*Behavioral Health United States, 2012 (Adults 18+)*

Any Mental Illness	Any Substance Use Disorder
22.4%	11.9%
3 <sup>rd</sup> highest among all states	2 <sup>nd</sup> highest among all states

10



- Between 700,000 and 950,000 adult Oklahomans are in need of services; most are not receiving the care they need to fully recover from their illnesses.
- Approximately 190,000 Oklahomans received services in FY14.

**Oklahoma consistently has some of the highest rates nationally for both mental illness and addiction**

## Mental Health Matters

### ODMHSAS Overview

The Oklahoma Department of Mental Health and Substance Abuse Services is the state's primary behavioral health network, operating and/or contracting with mental health and addiction treatment facilities across the state. These include:

- 14 Community Mental Health Centers.
- 3 psychiatric hospitals (adult, children's, forensic)
- 3 children's crisis centers in Oklahoma City, Norman and Tulsa; and 12 adult crisis intervention centers in Ardmore, Clinton, Ft. Supply, Lawton, McAlester, Muskogee, Norman, Oklahoma City, Sapulpa and Tulsa.
- 80 alcohol and drug treatment programs, including 14 residential programs
- 17 Regional Prevention Coordinators (RPCs) serving all 77 counties
- 22 residential care homes
- More than 300 Medicaid agency providers, and 825 individual providers

### Behavioral Health Transfer

## Effective Medicaid Management

Medicaid Growth at 1.6% annually under OHCA (FY07-21)			
ODMHSAS Budget Request	FY13	FY14	FY15
(vs Medicaid Growth)	7%	5.4%	1.7%

Annual Medicaid Growth OHCA and ODMHSAS Comparison

Fiscal Year	Medicaid Growth
FY07	\$229.2M
FY08	\$455.8M
FY09	\$411.6M
FY10	\$311.0M
FY11	\$431.3M
FY12	\$399.8M
FY13	\$336.6M
FY14	\$8.5M

ODMHSAS has reduced Medicaid growth every year since taking over program responsibility (1st full year beginning FY13), and by nearly 90% overall

### Oklahoma Health Improvement Plan Activities

ODMHSAS and OSDH have been actively working to reduce prescription drug overdose deaths through involvement in such activities as promoting passage of the PMP, training in use of naloxone kits, and working with Gov. Mary Fallin on other elements of the State Plan to Reduce Prescription Drug Abuse, including training physicians on safe prescribing methods.

The two agencies also have collaborated on suicide prevention efforts, as well as concentrating heavily on infant/early childhood mental health programs.

ODMHSAS also has been working on other OHIP goals for some time now, and continues to strengthen programs in those areas.

1  
2  
3

### Early Childhood Partnership

ODMHSAS and OSDH have partnered to house “co-leadership” positions within OSDH Child Guidance Services and ODMHSAS CMHCs to further an early childhood System of Care in Oklahoma. The partnership has 4 goals, which are to:

- Promote awareness of the significance of infant/early childhood mental health (IECMH).
- Enhance the competency of the infant/early childhood workforce to meet the needs of children birth to 8, their families and caregivers.
- Develop, enhance and expand programs for IECMH promotion, prevention, early intervention and treatment to support the well-being of children birth to 8, their families and caregivers.
- Establish infrastructure and develop policies to support the integrated Early Childhood System of Care.

### Early Childhood Partnership

Activities within the partnership:

- State Co-leads serve as the state wellness expert and state wellness partner for SAMHSA Grant Oklahoma Project LAUNCH (Linking Actions for Unmet Needs in Child Health) implementing an Early Childhood System of Care for families with children birth to 8.
- Assure that the plan is aligned with other health and mental health plans in Oklahoma.
- Support DHS to develop screening, assessment, coordinated case planning and connection to appropriate mental health resources for children birth to 4 in foster care.
- Develop and coordinate a statewide mental health consultation network for child care facilities struggling with the social, emotional, mental health, and behavioral needs of children in their care.
- Pilot the Early Childhood Mental Health Consultation (ECMHC) practice in early head start and head start, and then support local head start grantees in developing contracts with local service providers.
- Identify workforce development needs and coordination of these efforts across the ECSOC to include mental health providers, home visitors, SoonerStart Part C, early care and education, public schools, and the judicial system.
- Current focus involves developing a plan to help current providers learn the knowledge and skills required to focus on this specialized population, to address a shortage of providers in this area.

4  
5  
6

### Prescription Drug Abuse Prevention

- Statewide task force/workgroup;
- Developed Governor’s strategic plan;
- Initiated policy change;
- Created a public messaging campaign;
- Statewide prevention network;
- Naloxone Initiative
  - First responder pilot effort
  - Pharmacy chains

### Integration

## Integrating Behavioral/Primary Care

- Primary care and emergency room settings offer an incredible opportunity to identify mental illness and addiction, and the opportunity for early intervention. Depression and suicide risk are two areas that can be easily assessed. Substance abuse is another. We have been working to partner with health-care agencies in all these areas.
- A 2013 SAMHSA study indicated nearly 45% of people with a co-occurring mental illness/substance abuse disorder had visited the emergency room in the past year, compared with only 25% who had neither present. More than 30% of people with an addiction issue and 40% of those with a mental illness had visited the ER.
- Some studies also have shown that a third of those who died by suicide visited a physician in the week before they died – and 45% had visited their primary care doctor within the month. SAMHSA

7  
8  
9

### Screening

## Substance Abuse Screening: SBIRT

Screening, Brief Intervention and Referral to Treatment targets those with non-dependent substance use and provides strategies for intervention prior to the need for more extensive or specialized treatment.

- Studies have shown a 60% decrease in substance use following a single brief intervention, as well as successful referral to and participation in alcohol treatment programs, and reduction in repeat injuries and injury hospitalizations.
- The resulting reduction in alcohol misuse may reduce diseases related to alcohol abuse such as cancer, liver and heart problems, as well as public safety issues such as DUIs.

ODMHSAS is prepared to go statewide with SBIRT. For the past several years, technical assistance has been provided to medical facilities that addresses:

- Infrastructure
- Referral
- Medicaid billing issues
- Electronic medical records
- ODMHSAS hosts online CME training for providers seeking Medicaid reimbursement

### Health Homes

## Health Homes

ODMHSAS employed a rigorous RFP process to choose 22 qualified Health Home Providers for statewide coverage.

Programs serve both adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) with specific care management protocols tied to these co-occurring conditions:

- Substance Use Disorder
- Diabetes
- Heart Disease
- BMI over 25
- Hypertension
- COPD/Asthma/Moderate Chronic Respiratory Problems
- Tobacco Use

10  
11  
12

**Criminal Justice**

- ODMHSAS has introduced a "Smart on Crime" proposal with interventions across the spectrum of criminal justice engagement.
- Independent studies confirmed the proposal's merits and ability for the state to avoid millions in future costs if funded in full.
- The proposal was endorsed by numerous law enforcement and community organizations (including the 2008 Oklahoma Academy Town Hall).

**ODMHSAS has proposed a "Smart on Crime" package to reduce the fiscal impact of untreated mental illness and addiction on the state's criminal justice system and overall budget**

**Mental Health Matters**

Compare the cost of treatment against some of the alternatives:

Alternative	Cost
ODMHSAS Treatment	\$2,150
Drug Court	\$5,000
Mental Health Court	\$5,400
Single Hospital Stay	\$15,318
Person Incarcerated	\$19,000
Child Entering Foster Care	\$20,965
Person Incarcerated (SMR)	\$23,000

**The cost to treat is significantly less than the cost to incarcerate or other alternatives**

1  
2  
3

**Conclusion**

**Treatment works. There is hope, and there is help.**

For more information, contact me directly at (405)522-3878.

Website: [www.odmhsas.org](http://www.odmhsas.org)

Facebook: [www.facebook.com/ODMHSAS](http://www.facebook.com/ODMHSAS)

Department twitter: @ODMHSASINFO

Commissioner White twitter: @terriwhiteok

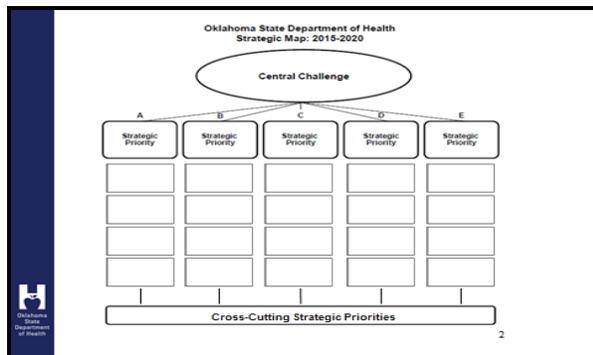
4  
5  
6  
7  
8  
9

The presentation concluded.

**Oklahoma State Department of Health Strategic Plan**

Terry L. Cline, Ph.D., Secretary of Health and Human Services and Commissioner of Health

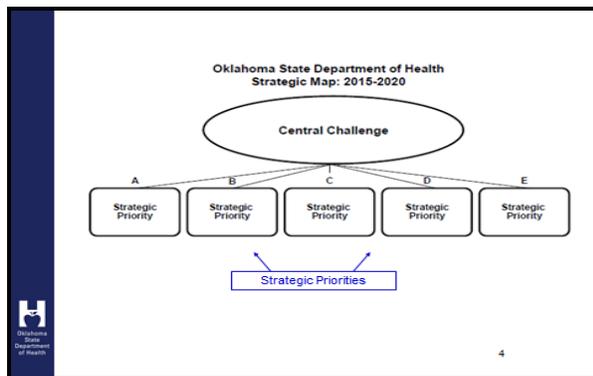
**STRATEGIC PLAN FRAMEWORK**



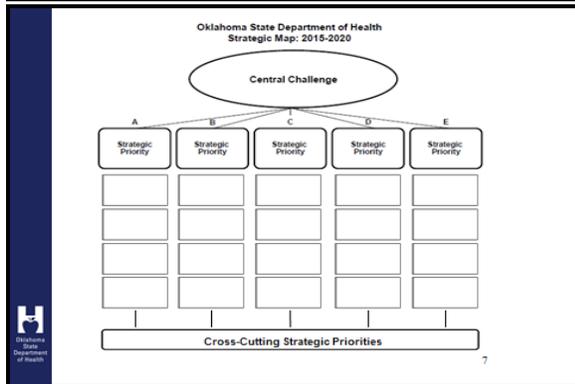
10  
11  
12

Oklahoma State Department of Health Strategic Map: 2015-2020

**Central Challenge**



13  
14  
15



Strategic Planning Timeline	
Board Consideration of Strategic Planning Timeline Overview	March - April 2015
OSDH prepares strategic planning timeline for Board consideration	April 16, 2015
Board of Retreat Planning Committee	May 11, 2015
OSDH Facilitated Strategic Planning Session	May 11, 2015
Tim Fallon and Stakeholder Focus Group	May 11, 2015
Tim Fallon and Board Retreat Planning Committee	May 11, 2015
Tim Fallon and OSDH staff Facilitated Strategic Planning Session	May 14, 2015
Board of Health Survey Strategic Map Input Period	May 28, 2015
OSDH Employee Comment Period on Draft Strategic Map	June 9, 2015
Refinement of Draft Strategic Map per Employee Comments	June 30, 2015
Draft Strategic Map included in Retreat Packet for Board Consideration	July 24, 2015
Board of Health Retreat / Finalize Strategic Planning	August 14-16, 2015
Implementation	August 2015

1  
2 The presentation concluded.

3  
4 Dr. Cline asked if there we any questions. Dr. Krishna commented on the Federal Reserve Board’s presentation,  
5 and how it would be helpful to OSDH with regards to the financial piece. Dr. Cline commented on Julie Cox-  
6 Kain’s efforts in reaching out to the Federal Reserve Bank of Kansas City, they were excited to hear from  
7 OSDH. The Federal Reserve Bank is sending three representatives to Sulphur, OK and will present on the  
8 evening of Friday, August 14, 2015 at the Board of Health Retreat.

9  
10 Dr. Cline commented on how this is the beginning of a great partnership.

11  
12 **CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION**

13 **Executive Committee**

14 Ms. Burger briefly updated the Board on the most recent meeting of the Tri-Board Joint Executive Committee  
15 meeting held on June 18, 2015. The meeting was productive and the joint committees will continue to build on  
16 the work they are doing. The next meeting will be scheduled for August.

17  
18 M. Burger reminded the Board of the retreat dates and location, August 14-16, 2015 at the Chickasaw Retreat  
19 and Conference Center. Ms. Burger indicated a large portion of time will be focused around strategic map  
20 development and thanked Dr. Cline for the strategic map framework which will be helpful for preparation of  
21 that work in August. There will also be a portion of the agenda dedicated to Board development  
22 opportunities as well as a special speaker from the Dallas Federal Reserve Bank. Ms. Burger thanked Tim,  
23 Dr. Gerard, and Dr. Grim for their efforts on the retreat planning committee.

24  
25 **Finance Committee**

26 Martha Burger, Chair of the Finance Committee speaking, received final report for budget for FY 2015.

27  
28 **Budget:**

- 29 ○ Last report showed all six line items were in the green, except for two in yellow status at >92%,  
30 green is 100%
- 31 ○ Public Health Infrastructure and Health Improvement Services
- 32 ○ Explained the underspending category and that funds will not be lost
- 33 ○ Underspending relates to programs that don’t terminate and those dollars carry-over and due to  
34 personnel vacancies and State Innovation Model, where not all fund have been spent
- 35 ○ Complemented staff on how they got so close on the percentile
- 36 ○ Discussed chart that shows through the year everything that the staff is working on to prepare for the  
37 next budget, building and seeking input for the next budget
- 38 ○ Discussed resource allocation and working on the budget for the next year

39  
40 **Accountability, Ethics, & Audit Committee**

41 Dr. Alexopulos indicated there were no known significant issues to report to the Commissioner or to the Board  
42 of Health at this time. Dr. Alexopulos directed attention to the 2016 Annual Internal Audit Plan reviewed and  
43 approved by the Committee. The plan is prepared and submitted for approval on an annual basis and takes into  
44 account resources that will provide the greatest benefit to the agency, management and Oklahoma tax payers.  
45 The plan is developed each fiscal year with input from each area of the Department and the Financial Officer.

1  
2 **Dr. Alexopulos moved Board approval of the 2016 Annual Audit Plan and Risk Assessment, as presented.**  
3 **Second Dr. Grim. Motion carried.**  
4

5 **AYE: Alexopulos, Burger, Grim, Krishna, Starkey**  
6 **ABSENT: Gerard, Stewart, Wolfe, Woodson**  
7

8 Under the Office of Accountability Systems: OAS Cases No: 2015-005 and 2015-015 will be discussed in  
9 Executive Session.  
10

### 11 **Public Health Policy Committee**

12 Dr. Grim met with the Public Health Policy Committee on Tuesday, July 14, 2015. The committee reviewed  
13 potential 2016 legislative priorities and will discuss in detail at future Board meetings. The committee also  
14 reviewed a number of Interim Studies that came out of the House of Representatives and there are about 20  
15 that may be of interest to the State Department of Health and Board of Health. Please direct policy questions  
16 to Mark Newman. The next meeting of the policy committee will be prior to the October Tri-Board meeting.  
17

### 18 **PRESIDENT'S REPORT**

19 Ms. Burger announced the selection of a new Chief Operating Officer for the Department. She briefly spoke  
20 to her impressive background and credentials. The Board and Department are excited that she will be  
21 joining us in August.  
22

### 23 **COMMISSIONER'S REPORT**

24 Dr. Cline briefly mentioned the Governor's Walk for Wellness, thanking staff, Leadership and Dr. Krishna  
25 for their participation. There were approximately 300 state employees from the Health Department and other  
26 state agencies.  
27

28 Dr. Cline highlighted a recent meeting with Michael Botticelli, Director for the Office of National Drug  
29 Control Policy which is a White House office in charge of all the drug control strategies for the United  
30 States. He has been following Oklahoma's work around the legislation and around Naloxone. It is  
31 rewarding to see that the work taking place is being recognized by others and our PMP is held up as a  
32 standard.  
33

34 Lastly, Dr. Cline highlighted the third meeting of the Tribal Public Health Advisory Committee in which  
35 several representatives from the tribal nations have attended in order strategize about how to effectively  
36 leverage mutual resources for the improvement of services and making sure that we aren't leaving any  
37 groups behind. This is a committed group of individuals who are smart and passionate about the work they  
38 are doing.  
39

40 The report concluded.  
41

42 Ms. Burger thanked Dr. Cline for his participation at the Go Red For Women Luncheon on May 15<sup>th</sup>, he was  
43 the keynote speaker, sponsored by the American Heart Association. The event received great reviews.  
44

### 45 **NEW BUSINESS**

46 No new business.  
47  
48

### 49 **PROPOSED EXECUTIVE SESSION**

50 **Dr. Alexopulos moved Board approval to go into Executive Session at 12:20 PM** pursuant to 25 O.S.  
51 Section 307(B)(4) for confidential communications to discuss pending department litigation,  
52 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,  
53 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or  
54 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of  
55 information would violate confidentiality requirements of state or federal law.

- OAS Investigation, Number 2015-005 and 2015-015

**Second Dr. Grim. Motion carried.**

**AYE: Alexopulos, Burger, Grim, Krishna, Starkey**

**ABSENT: Gerard, Stewart, Wolfe, Woodson**

**Dr. Grim moved Board approval to move out of Executive Session. Second Dr. Alexopulos. Motion carried.**

**AYE: Alexopulos, Burger, Grim, Krishna, Starkey**

**ABSENT: Gerard, Stewart, Wolfe, Woodson**

**ADJOURNMENT**

**Mr. Starkey, moved Board approval to adjourn. Second Dr. Grim. Motion carried.**

**AYE: Alexopulos, Burger, Grim, Krishna, Starkey**

**ABSENT: Gerard, Stewart, Wolfe, Woodson**

The meeting adjourned at 12:30pm.

Approved



Ronald W. Woodson, M.D.  
President, Oklahoma State Board of Health  
October 6, 2015